

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019626

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 120

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

10365

20360

3

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>New Haven</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>W. Front St.</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or print) <u>Louis J. Feltmann</u>		4. DATE OF DEATH Month <u>May</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/25/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11a. BIRTHPLACE (City and state or country) <u>Villa Ridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anton Feltmann</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Feltmann</u>	
14. NAME OF HUSBAND OR WIFE <u>John H. Feltmann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>John H. Feltmann, Washington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GUNSHOT (SHOTGUN) WOUND OF</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>DOPE ADDICTION & EVILERATION</u> DUE TO (b) <u>INSTANT</u> DUE TO (c) <u>INSTANT</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SHOT APPARENTLY DISCHARGED GUN</u>	
20c. TIME OF INJURY Hour <u>5:30 P.</u> Month, Day, Year <u>5/15/63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FRONT STREET</u>		20f. CITY, TOWN, OR LOCATION <u>WASHINGTON FRANKLIN MO</u>	
21. I attended the deceased from _____ to _____ and last saw her him alive on _____. Death occurred at <u>5:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>[Address]</u>	
22c. DATE SIGNED <u>5/16/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial May 18, 1963, St. John's Cemetery, Villa Ridge, Missouri</u>	
23b. DATE <u>5/17/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery, Villa Ridge, Missouri</u>	
23d. LOCATION (City, town, or county) <u>Washington, Franklin, MO</u>		23e. DATE RECD. BY LOCAL REG. <u>5/17/63</u>	
23f. FUNERAL DIRECTOR <u>[Signature]</u>		23g. REGISTERAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jerome F. Suoloda

Licensed Embalmer No. 4507

P. O. Address

Washington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.